Fill in	n this information to identify your case:					directed in this form and	in Form
Debt	or 1 Phillip Booker			122	2A-1Supp:		
Debt (Spou	or 2			•	1. There is no pre-	sumption of abuse	
Unite	ed States Bankruptcy Court for the: Eastern District of	Michiga	an		applies will be	to determine if a presur made under <i>Chapter 7</i> fficial Form 122A-2).	
Case (if kno	e number 21-43409-mlo					,	annung of
(,	'	3. The Means Test does not apply now because of qualified military service but it could apply later.				
					☐ Check if this is	an amended filing	
Off	icial Form 122A - 1						
Ch	apter 7 Statement of Your Cur	rent	t Mor	nthly Inc	ome		04/20
attach case i	complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wo number (if known). If you believe that you are exempted from ying military service, complete and file Statement of Exempted 1: Calculate Your Current Monthly Income	hich the	e additior sumption	nal information a of abuse because	ipplies. On the top of a se you do not have pr	any additional pages, writi imarily consumer debts o	te your name and or because of
1.	What is your marital and filing status? Check one on	ly.					
	■ Not married. Fill out Column A, lines 2-11.						
	☐ Married and your spouse is filing with you. Fill ou				2-11.		
	Married and your spouse is NOT filing with you.		•	•			
	☐ Living in the same household and are not legal				•		
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are let living apart for reasons that do not include evading	gally s	eparated	l under nonban	kruptcy law that appl	ies or that you and your	
10 the	Il in the average monthly income that you received from all state (10A). For example, if you are filing on September 15, the 6-mere 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that property.	onth per by 6. Fil	riod would II in the re	be March 1 throusult. Do not include	ugh August 31. If the am de any income amount r	nount of your monthly incon more than once. For examp	ne varied during ble, if both
		. ,			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	ons (before all	\$4,899.00	\$			
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.				\$	\$	
4.	All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include,	e regular depende	contributions nts, parents,	\$ 0.00	\$	
5.	Net income from operating a business, profession,	or farm					
		¢	0.00	tor 1			
	Gross receipts (before all deductions)	\$ -\$	0.00				
	Ordinary and necessary operating expenses	· —		Copy here ->	\$ 0.00	\$	
6.	Net monthly income from a business, profession, or farm Net income from rental and other real property	пф		20pj 11010 ->	<u> </u>	~	
0.	net meetine nom remai and other real property		Deb	tor 1			
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	-\$	0.00				
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$0.00	\$	

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

0.00

7. Interest, dividends, and royalties

Debto	r1 <u>Ph</u>	illip Booker		Case number (if known)		21-43409-mlo			
					Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Unempl	loyment compensation			\$	0.00	\$		
		enter the amount if you contend that the am al Security Act. Instead, list it here:	ount received was a be	enefit under	-				
	For yo	ouour spouse	\$	0.00					
	For yo	our spouse	\$						
	Pension benefit unot inclu United S disability pay paid does no	n or retirement income. Do not include an under the Social Security Act. Also, except ide any compensation, pension, pay, annuistates Government in connection with a disk, or death of a member of the uniformed so under chapter 61 of title 10, then include to texceed the amount of retired pay to which under any provision of title 10 other than of	entence, do y the injury or any retired ent that it	\$	0.00	\$			
10.	Do not in under th under th coronav crime, a compen- Governr death of	from all other sources not listed above. Include any benefits received under the Social Federal law relating to the national emerie National Emergencies Act (50 U.S.C. 16 irus disease 2019 (COVID-19); payments recrime against humanity, or international or sation pension, pay, annuity, or allowance ment in connection with a disability, combate a member of the uniformed services. If new page and put the total below	ents made President t to the a war tes ility, or						
					\$	0.00	\$		
	•				\$	0.00	\$		
		Total amounts from separate pages, if any	/.		\$	0.00	\$		
11.		te your total current monthly income. Ad lumn. Then add the total for Column A to the		\$	4,899.00	+ [\$		= \$ 4,899 Total current mincome	
Part	2: D	Determine Whether the Means Test Appl	es to You						
12.	Calcula	te your current monthly income for the	ear. Follow these step	os:					
	12a. Co	py your total current monthly income from I		Copy line 11 here=>			\$4,899	.00_	
	Mu	ltiply by 12 (the number of months in a yea					x 12		
	12b. The	e result is your annual income for this part				12b.	\$ 58,788	3.00	
13.		te the median family income that applies		steps:					
		,	MI	7					
	FIII IN THE	e state in which you live.	IVII						
	Fill in the	e number of people in your household.	2						
		e median family income for your state and		·		13.	\$ 67,015	5.00	
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.									
14. How do the lines compare?									
	<u> </u>								
	 Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 								
	14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2.								
Part	3: S	Sign Below							
	By	signing here. I declare under negalty of ne	riury that the information	n on this eta	atement and i	n anv atta	chmants is tri	ie and correct	

χ /s/ Phillip Booker

Phillip Booker Official Form 122A-1

Phillip Booker 21-43409-mlo Debtor 1 Case number (if known)

Signature of Debtor 1

Date April 19, 2021

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.